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CARE, NOT CARETAKERS, FOR THE ELDERLY

Carmelite nuns operate centers aimed at rehabilitating geriatric patients

Caring for geriatric patients is a problem that plagues all communities. "But if you have the Carmelites in your community," declares federal rehabilitation administrator Mary Switzer, "you don't have to worry."

Such praise is not unusual. The Carmelite Sisters for the Aged and Infirm are noted for their rehabilitation efforts with older people. The Carmelites, each one a trained geriatric nurse, have been working with the physical and social problems of the aged since 1929. "At that time," recalls Sister Mary Jacinta, director of occupational therapy at the order's St. Joseph's Manor in Trumbull, Conn., "it was difficult to get anyone interested in geriatric rehabilitation because people had so many other things to think about." But the Carmelites kept on with their work, and today they operate 28 centers in the U.S. and two abroad.

Public apathy toward rehabilitation continues to be a problem for the Carmelites and others in the field. At

the annual Symposium in Dynamic Therapeutics in Geriatric Medicine, conducted at St. Joseph's Manor, Miss Switzer noted that "even with Medicare and Medicaid, we remain geared largely to the needs of the acutely ill." Miss Switzer, administrator of social and rehabilitation services of the Department of Health, Education, and Welfare, reported that "only 650 doctors in the U.S. now specialize in rehabilitation medicine. Another 500 are needed immediately. And by 1970, there should be at least 2,500 physicians trained in this area."

Dr. Howard A. Rusk, director of New York University's Institute of Rehabilitation Medicine, lauded St. Joseph's Manor as "a model of modern geriatric care and medicine." Indeed, the modern 300-bed center is often used as a pattern for nursing homes across the country. Mother Bernadette de Lourdes, administrator of St. Joseph's and vicar general of the Carmelites, says the ancient order's approach to rehabilitating the elderly

is based on the belief that "each person must be helped to use his maximum strength for those faculties which are not impaired."

One of the special care features at St. Joseph's is the pulmonary chest clinic. There, heart disease and emphysema patients are taught deep-breathing techniques, undergo postural drainage, and receive positive-pressure treatment.

Staff doctors, who are on call 24 hours a day, make daily rounds. The geriatric center also has podiatry and dental clinics and programs in speech, occupational, and physical therapy. And a full calendar of social activities keeps the patients alert.

"St. Joseph's is a combination geriatric hospital, social agency, rehabilitation center, extended-care facility, and hotel," says Mother Bernadette. "We try to do for our patients the things that could not be done in their own homes or the homes of their relatives. But this is definitely no caretaker facility." ■



Close attention is given to needs of individual patients by nuns, each of whom is a trained geriatric nurse. Rehabilitation approach at Carmelite centers is based on helping each patient use to the fullest any faculties that are not impaired.

Indications: Hypertension and many types of edema involving retention of salt and water.

Contraindications: Hypersensitivity and most cases of severe renal or hepatic disease.

Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue enteric-coated potassium supplements immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur.

Use with caution in pregnant patients, since the drug may cross the placental barrier and adverse reactions which may occur in the adult (thrombocytopenia, hyperbilirubinemia, altered carbohydrate metabolism, etc.) are potential problems in the newborn.

Precautions: Antihypertensive therapy with Hygroton should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents or other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. Barbiturates, narcotics or alcohol may potentiate hypotension. Because of the possibility of progression of renal damage, periodic determination of the BUN is indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated.

Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, Hygroton should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.

Take special care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Salt restriction is not recommended.

Adverse Reactions: Nausea, gastric irritation, vomiting, anorexia, constipation and cramping, dizziness, weakness, restlessness, hyperglycemia, hyperuricemia, headache, muscle cramps, orthostatic hypotension, aplastic anemia, leukopenia, thrombocytopenia, agranulocytosis, impotence, dysuria, transient myopia, skin rashes, urticaria, purpura, necrotizing angitis, acute gout, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Other reactions reported with this class of compounds include: jaundice, xanthopsia, paresthesia, and photosensitization.

Average Dosage: One tablet with breakfast daily or every other day.

Availability: White, single-scored tablets of 100 mg. and aqua tablets of 50 mg., in bottles of 100 and 1000. (B)46-230-D

For full details, please see the complete prescribing information.



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